

PROVIDER BULLETIN

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2019 PSYCHOLOGICAL TESTING CODE CHANGES

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2019 Update

For dates of service on or after January 1, 2019, the 2019 versions of the Current Procedural Terminology (CPT®) and the Healthcare Common Procedure Coding System (HCPCS) medical code sets will be in effect. For dates of service prior to January 1, 2019, claims must be billed with the 2018 version of CPT® and HCPCS codes and modifiers.

Psychological Testing Requirements and Billing Instructions

Psychologists, provisionally licensed psychologists, qualified doctoral level psychology interns, and psychiatrists may provide psychological testing services in addition to diagnostic assessment when warranted for proper evaluation. Psychological testing (including any combination of the timed procedures below) is limited to a maximum of four hours per participant, per provider, per rolling year. Psychologists must use the AH modifier. Psychologists billing for services performed by a qualified doctoral psychology intern must use the HL modifier. See [provider bulletin volume 40 number 50](#) for psychology intern qualifications. Providers must use the TM modifier for school-based individualized education program (IEP) direct services.

The table below provides a crosswalk from the MO HealthNet (MHD) covered 2018 CPT® procedure codes to the MHD covered 2019 CPT® procedure codes, units, and daily limits. Maximum quantity refers to the limit per day. The professional component associated with 96103 is not included in 96146, and the maximum allowable amount for 96146 is \$1.33. Otherwise, maximum allowable reimbursement rates are equivalent for 2018 and 2019 procedure codes and appear on the fee schedule at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>. The MHD will reimburse the lesser of the provider's billed charge or the maximum allowable amount. Providers must bill their usual and customary rate.

Applicability

This bulletin applies to MHD enrolled fee-for-service providers. Providers contracted with MHD Managed Care Health Plans should contact each health plan directly for billing instructions. Managed care members in the care and custody of the state and receiving adoption subsidy assistance (Category of Aid 4) receive behavioral health services through the fee-for-service delivery system. See this [link](#) for a list of ME codes in Category of Aid 4.

2018- 2019 CROSSWALK FOR PROCEDURE CODES, UNITS, AND DAILY LIMITS

Procedure Codes, Units, Daily Limits Prior to 01/01/2019				New Procedure Codes, Units, Daily Limits Effective 01/01/2019			
Proc Code	Brief Description	Unit	Max Qty	Proc Code	Brief Description	Unit	Max Qty
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of psychologist's or physician's time, both face-to-face time with patient and time interpreting test results and preparing the report.	60 min	4	Psychological Testing Evaluation Services by Professional			
				96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s), or caregiver(s), when performed; first hour	60 min	1
				96131	Each additional hour (List separately in addition to code for primary procedure)	60 min	3
				Test Administration and Scoring by Professional			
				96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	30 min	1
				96137	Each additional 30 minutes (List separately in addition to code for primary procedure)	30 min	7

96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report	Un-timed MHD defined 60 min	4	Single Automated Test with Automated Result			
				96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	Untimed	4
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	60 min	4	Assessment of Aphasia			
				96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	60 min	4
96111	Developmental testing (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report.	Un-timed MHD defined 60 min	4	Developmental/Behavioral Testing			
				96112	Developmental test administration by qualified health care professional with interpretation and report, first hour	60 min	1
				96113	Developmental test administration by qualified health care professional with interpretation and report, each additional 30 minutes	30 min	6

96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	60 min	4	Psychological/Neuropsychological Testing			
				96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	60 min	1
				96121	Each additional hour (List separately in addition to code for primary procedure)	60 min	3

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

Provider Communications Hotline
573-751-2896